

**UNITED STATES BANKRUPTCY COURT**  
**Office of the Clerk**  
**DISTRICT OF MARYLAND**  
**ECF Registration**

Welcome to ECF registration! Please complete the form below and provide information about yourself. All information is kept confidential. You will be contacted to review your form and to schedule you for training. When saving document see instruction note below.

<b>Name</b>	<input type="text"/>
<b>Bar Number</b>	<input type="text"/>
<b>Firm Name</b>	<input type="text"/>
<b>Street Address</b>	<input type="text"/>
<b>City, State, Zip</b>	<input type="text"/>
<b>E-Mail Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>
<b>No. of participants from your office</b>	<input type="text"/>

I am a (please check):    Chapter 13 Trustee \_\_\_ Chapter 7 Trustee \_\_\_ Attorney \_\_\_

Before we will schedule you for training you must meet the below requirements. Please mark yes or no next to the requirement.

- 1)     Practice and/or file in the District of Maryland.     \_\_\_yes \_\_\_no
- 2)     PACER login and password. \_\_\_yes \_\_\_no If you are not signed up with PACER, you can either register on line at <http://pacer.psc.uscourts.gov> or by phone at 1-800-676-6856
- 3)     Software requirements:  
         Internet connection with e-mail address     \_\_\_yes \_\_\_no  
         Do you have a compatible Internet browser? \_\_\_yes \_\_\_no  
         If yes, what kind? \_\_\_\_\_  
         Do you have pdf. conversion software?     \_\_\_yes \_\_\_no

*Optional:* Petition software with case upload capability.     \_\_\_yes \_\_\_no

Thank you for your registration.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>